



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
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FILE #: _____
<b>FOR OFFICE USE ONLY</b>

**State of Arkansas - Secretary of State  
Appointment of Agent to Receive Service  
of Process for Nonprofit Association  
(Please Type or Print)**

**Corporations Division**  
State Capitol Building  
Little Rock, Arkansas  
72201-1094

Name of Nonprofit Association: \_\_\_\_\_

Federal tax Identification Number (if any): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and street address of person authorized as agent to receive service of process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby appoint the above-stated person as agent to receive service of process. I am authorized to manage the affairs of the nonprofit association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby accept this appointment as agent to receive service of process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date